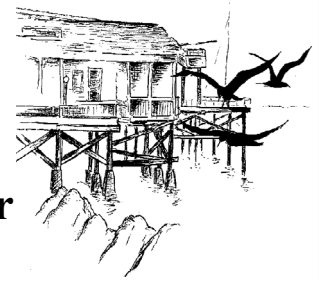


The Monterey County Chapter
California Association of Marriage and Family Therapists



February / March / April 2020 Newsletter

Benefits to MC-CAMFT Membership:

- Reduced fees at our events
- Invitation to our Members only annual gatherings
- Access to Members only Salons, which are intimate workshop offerings taught by fellow Members
- Periodic Newsletter with relevant CAMFT information and Member created writing
- Opportunity to contribute your writing to our Newsletter, including things such as a column, book review, workshop or conference review, poem, opinion piece or article
- Free advertising in our Newsletter and “Classifieds” section of our website
- Inclusion in our “Find a Therapist” website directory
- Access to Member and Announcements Forum on our website where you can seek feedback from other members and post things to the community
- Opportunity to submit a proposal to host a Salon for our Members
- Option to join us on the Board as a volunteer committee chair or ad hoc committee member
- Opportunity for MC-CAMFT to co-sponsor your workshop, so you can offer CEUs to your attendees
- Free Mentoring by experienced clinicians
- Invitation to suggest any member activity you find interesting, and we’ll consider it!

Benefits to MC-CAMFT Website:

- ◇ Current Member Directory
- ◇ Classifieds Page for Members
- ◇ Chapter Board Contact
- ◇ Specialized Forums
- ◇ Online Newsletter
- ◇ Networking Opportunities
- ◇ Chapter Documents Access
- ◇ Sponsorship Opportunities
- ◇ Membership Information

MC-CAMFT CALENDAR

FEBRUARY: MEMBER SALON

Date/Time: 28 Feb 2020 - 1:00 - 4:00 pm

Topic: **Treatment in Addictions**

Location: 2100 Garden Road, Suite 212, Monterey

Cost: **\$10 for members / Member of another local CAMFT chapter – \$15.00**

MARCH: BREAKFAST PRESENTATION

Date/Time: Saturday, March 21st, 2020-8:30 AM - 12 PM

Topic: **Healing Wounds of Infidelity**

Location: Hilton Garden Inn, Presidio Room, 1000

Aguaquito Rd. Monterey, CA

Cost: **Licensed MC-CAMFT Member – \$28.00**

Licensed Non-Members & Guests – \$35.00

Member of another local CAMFT chapter – \$28.00

Pre-Licensed MC-CAMFT Member – \$20.00

APRIL: SAVE THE DATE!

Date/Time: **Saturday, April 18, 2020**

Topic: **MC-CAMFT Connecting & Networking Salon**

Location: **More info to come on the website**

JULY: ALL-DAY CONFERENCE

Date/Time: **Saturday, July 11, 2020**

Topic: **The Call of Darkness: Managing Suicidality in Clinical Practice**

Presenter: **Dr. Lawrence Hedges, PhD.**

Mandated course for LCSW, LMFT and PhD

More details to come

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2020 MC-CAMFT Board Roster

2020 Board of Directors - Officers -

President:

Jennifer Farley
jennifer@shamanhealingmonterey.com

Past President & Hospitality Chair:

Kristine Jensen
jensenthapist@gmail.com

Treasurer:

Susan West
831-206-7639

Secretary:

Rochelle Hall
rochellehall.consult@gmail.com



Like Us on Facebook!

Connect with your colleagues
through the Monterey Chapter
CAMFT Facebook page.



2020 - Committee Chairs -

Continuing Education: OPEN

Membership Chair: OPEN

Public Relations: OPEN

Programs Chair: OPEN

Disaster Response:

Carmen Martin, LMFT
lovehealing@me.com

Legislative & Ethics Chair:

Michael Newman

Mentorship Chair:

Pat McDermott, LMFT
patmcdermft@comcast.net

Newsletter Editor:

Ross E. Farley III
ross@shinealight.info

Programs Chair:

Judy Masliyah
jmasliyah@hotmail.com

Prelicensed 3000 Hour Club Chair:

Lynn Finnell
info@lynnfinnell.com

Jennifer Farley



2020 Board President

PRESIDENT'S MESSAGE

I am honored to step in as the 2020 MC-CAMFT President. It was wonderful to start off the events for this year with such a well attended beginning at our new venue, The Hilton Garden Inn. I'm inspired by the active engagement of our Chapter Members who attend our events, and I intend to support the Chapter in its continued growth.

With this intention in mind, I am calling for more people to volunteer their time by taking a role on the Chapter Board. I began my involvement by stepping into the role of Hospitality Chair. I found that I had a lot of support in understanding my role, and the time commitment was really manageable. I had fun connecting with my fellow board members, getting to know the Chapter community more easily, and it felt great to contribute to the events that happen throughout the year. It was this experience that led me to take on further leadership for the Chapter through my current role as president.

As I come to understand more and more of what it takes to keep things going for our Chapter, my gratitude grows for all of the people that have chosen to dedicate their time and energy to our offerings. Specifically, I'd like to thank Kristine Jensen for her willingness to lead the Chapter as president these past years. Kristine made me feel very welcome when I joined the board, and she has been an ongoing support to me every step of the way. She has even been willing to take on other roles on the board that have remained vacant because she cares so much about the Chapter! My goal is to get more people volunteering because I see clearly that when we have a group of people who are all willing to dedicate smaller amounts of time, it spreads things around and makes it possible for more things to happen.

For inspiration, here are some of the benefits to volunteering your time as a board member:

- Ability to have an active voice in the Chapter community, contributing to the development of the organization and our offerings as a Chapter
- Chapter dues paid for by the Board
- Opportunity to attend annual weekend CAMFT Leadership Conference that includes hotel stay and informative work shops related to leadership and promoting the enhancement of the Chapter
- Deepened connection to the MC-CAMFT community through enhanced interaction and familiarity with Chapter Members
- Opportunity to form relationships with dedicated and passionate colleagues as fellow Board Members

Please reach out to me when you're ready to be on the board and bring your unique ideas to our Chapter offerings!

With that being said, I am happy to welcome our new Newsletter Chair, Ross Farley, to the MC-CAMFT board. Our previous Newsletter Chair, Elizabeth Ramirez, decided to step out of this role after years of dedicating her time and energy to the MC-CAMFT board in various roles including president. Again, I'm sure I can speak for all of us in sharing immense gratitude for Elizabeth's contributions to the Chapter. She has been a vital part in creating the thriving Chapter that exists today, and her presence on the board will be missed! Ross has created the first newsletter of 2020, and I'm looking forward to seeing how he brings his creativity to this offering.

Of course, please be sure to check out all of the upcoming events we are offering this year. We have some really dynamic topics lined up, and we also have creative ideas for events that we are hoping to launch, so stay tuned!

Wishing you all well as we get into the groove of 2020!

Warmly,
Jennifer

Member Spotlight: Dr. Catherine McGovern



Catherine McGovern is a licensed clinical psychologist in private practice in downtown Pacific Grove. Before relocating to the peninsula 3-1/2 years ago, Catherine practiced at Highland Hospital in Oakland. There she supervised pre- and postdoctoral psychology trainees in the outpatient clinics located in the urban trauma center.

Catherine's clinical work is depth oriented. She earned a Master's in Holistic Psychology with a Specialization in Buddhist Psychology from JFKU in Cambell, and a Doctorate in Clinical Psychology from CIIS (California Institute of Integral Studies) in San Francisco. Catherine also completed a yearlong weekly course of study at the SF Jung Institute focused on Deepening the Work.

Before training to be a clinical psychologist, Catherine spent 20 years as an RN in a busy NICU (Newborn Intensive Care Unit) in Berkeley, CA. This work, and her own path to motherhood, have informed Catherine's work as a perinatal psychologist – caring for parents at every phase of their birth journey – contemplating conception, infertility, challenging pregnancies, pregnancy or neonatal loss, premature or traumatic delivery, postpartum mood and anxiety concerns.

It is her work with parents who have received a poor prenatal diagnosis that Catherine finds most fulfilling. "In this age, when most parents have early information about the health of their unborn child, it is likely that they will know of a poor or fatal diagnosis before the child's birth. Whether or not the parents choose to continue the pregnancy to term, this early knowledge gives them an opportunity to consciously parent their child in a way that is most meaningful for them, for whatever time they have to do so. To be a witness to this experience – to help a family prepare for the birth and death of their child - is a great honor."

Catherine is a member of PSI (Postpartum Support International) and APPPAH (The Association for Prenatal and Perinatal Psychology and Health). At the 2019 yearly conference of PSI, Catherine presented a poster on her study of young adults who were born prematurely, and their ways of making existential meaning of that experience.

Catherine is active in MBPA (Monterey Bay Psychological Association) as chair of the Ethics Committee, and as president-elect (2021). When moving to this area, Catherine felt a lack of community among the area psychologists. To remedy this situation, she has made it her mission to create a bigger presence of MBPA on the peninsula. To that end, Catherine has facilitated two CE workshops in Carmel for mental health clinicians, and is currently working to create a monthly consultation group focused on the ethical concerns of mental health clinicians in the area.

Catherine also volunteers for Hospice of the Central Coast as a grief counselor for adults, and as a Griefbuster. In the latter, Catherine works with children and adolescents who have or who are anticipating the loss of a loved one. "What I especially like about being a Griefbuster is helping a young person normalize their feelings, and then facilitating a conversation between them and the adults in their life. When adults can understand that a child's grief may not present as an adult's, but the depth of their loss is just as great, the loving and respectful healing can begin. Children can then begin to feel safe to express their sadness when they are included in the whole family's experience of the loss."

Catherine is a native and 2nd generation Californian. She has lived in the North Bay (Sonoma County), SF Bay Area and Oakland, and now on the Monterey Peninsula. She and her husband have 5 children and 1 grandchild between them, and share their home with a large dog and small bossy cat. Besides spending time with family, they enjoy traveling, Sunday drives, a variety of artistic and musical activities, and nesting.

Chapter Events & News

February 2020 - Member Salon with Lynn Finnell, LMFT, LAADC



Addiction: Basics & Beyond for Mental Health Professionals

About Lynn Finnell:

Lynn is a dually licensed Psychotherapist and Addiction Professional who divides her time between teaching college classes and maintaining a private practice in Monterey. Her specialty is working with individuals, couples, and families struggling with addiction, mental health disorders, and/or relationship challenges. Along with teaching psychology to graduate students at Brandman University, Lynn is also an adjunct professor at Hartnell College for Alcohol and Other Drug classes. Previously, Lynn worked at several area rehabilitation treatment centers including, Castlewood in Pacific Grove, Sun Street Centers in Salinas, and New Life Community Services in Santa Cruz.

March 21st, 2020 - Breakfast Presentation with Dr. Talal H. Alsaleem



Introduction to Systemic Affair Recovery Therapy

Working with couples in crisis can be overwhelming for new as well as seasoned clinicians, especially when it comes to working with clients struggling with infidelity who are often in extreme emotional distress and feeling lost and hopeless about the future of their relationship. Giving counselors effective tools to deal with the trauma of infidelity will make them feel empowered, energized, and confident in their ability to help guide their clients during such difficult times.

Completing this workshop will expand your understanding of the process of healing and introduce you to the clinical tools you need to help your clients recover from the trauma of infidelity. The knowledge base you will gain from this workshop as well as the clinical interventions you will learn are based on extensive clinical work with couples dealing with infidelity.

Specific learning objectives include the following:

Participants will be able to describe four core principles of infidelity counseling.

Participants will be able to list the seven milestones of healing from infidelity.

Participants will be able to identify three clinical treatment challenges of infidelity counseling.

Participants will be able to list three limitations of the current treatment methods for infidelity counseling.

About Dr. Talal H. Alsaleem

Award-winning marriage counselor and researcher, Dr. Talal H. Alsaleem is recognized as a leading expert in the field of infidelity counseling. He is the author of the acclaimed book, *Infidelity: The Best Worst Thing that Could Happen to Your Marriage*, and the founder of the Infidelity Counseling Center. His research interests and clinical work are focused on identifying the causes of infidelity and providing the best treatment for recovery from its impact. He developed Systematic Affair Recovery Therapy (SART)™, a method of infidelity counseling that has helped hundreds of couples navigate the challenges of the healing journey from affairs. Dr. Alsaleem is an international lecturer and speaker. His engaging talks have helped many counselors broaden their understanding of infidelity and gain the necessary clinical tools to help their clients recover from affairs. Learn more at TalalAlsaleem.com.

Chapter Events & News Cont'd...

April 18th, 2020 - Save the Date

MC-CAMFT Connecting & Networking Salon

- Are you new to the area or newly licensed and trying to build up your practice?
- Do you have an established private practice or employment position with a need for a wider range of people to whom you can refer?
- Are you someone who is simply curious with a desire to continue to know your fellow mental health practitioners in our MC-CAMFT community?

If any of these questions resonate with you, then please join us at this event! Inspired by the idea of “speed dating”, we have set up a structured way for all of the attendees at this event to get to know each other’s professional services and therapeutic approach. Attendees will have the opportunity to share with each person specifics about their work, as well as hear specifics about each and every person attending. Our hope is that by attending this event, you feel a deepened sense that your colleagues understand your unique skill set. We also hope that you develop a broadened perspective of the resources in your community and ideas for referral when need be.

July 11th, 2020 - All-Day Conference

The Call of Darkness: Managing Suicidality in Clinical Practice

This day-long conference on suicide prevention and legal ethical concerns is presented by Lawrence Hedges, PhD. This course meets the licensure requirements for psychologists, LMFTs and LCSWs for California’s licensing board’s mandate of suicide prevention and law & ethics.

Licensure Requirement Information:

4989.23. REQUIRED COURSEWORK OR SUPERVISED EXPERIENCE: SUICIDE RISK ASSESSMENT AND INTERVENTION

(a) On or after January 1, 2021, an applicant for licensure as an educational psychologist shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution’s curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, supervised experience gained pursuant to Section 4989.20, formal postdoctoral placement that meets the requirements of Section 2911, or other qualifying supervised experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

3) By taking a continuing education course that meets the requirements of Section 4989.34. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) As a one-time requirement, a licensee prior to the time of his or her first renewal after January 1, 2021, or an applicant for reactivation or reinstatement to an active license status on or after January 1, 2021, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, using one of the methods specified in subdivision (a). (emphasis added)

(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

Source: BBS Statutes & Regulations, January 2019 pages 62-63 <https://www.bbs.ca.gov/pdf/publications/lawsregs.pdf>

SELF-HARM

The Secret World of Self-Injury

How parents can help their adolescents

Posted Feb 27, 2020

“My daughter has been taking handfuls of over-the-counter painkillers and has been cutting herself,” my friend blurted out to me as she and I were in the middle of our ski trip.

I instantly felt a rush of sadness, empathy, and concern and immediately went right into my “doctor mode.” I began asking questions about her childhood, how frequently she cuts herself, her past and current relationships, her hobbies, and whether these intentional overdoses are linked to suicidal ideations.

“She never takes enough pills to have her stomach pumped, but she knows just how much Ibuprofen she needs to elicit a trip to the emergency room. Her therapist believes she is acting out because she felt that she was abandoned as a child, and there has also been mention of borderline personality disorder.”

I immediately homed in on the mention of borderline personality, since individuals who have borderline personality disorder are 55-85% more likely to engage in self-harm behaviors.

Shedding light on self-harm behavior

I had a roommate in college who engaged in cutting, and I have seen this a lot in my adolescent patient population. But for whatever reason, cutting and other self-injury behaviors are not commonly discussed within the media, on college campuses, or in high school classrooms. Parents are shocked when they discover their son or daughter is engaging in these behaviors.

Approximately 14 percent of adolescents are estimated to engage in self-harm behaviors. Clinically referred to as non-suicidal self-injury, self-harm is the act of physically inflicting pain on oneself without the intention of dying. The form of self-injury that is portrayed most often in the media is cutting.

Using physical pain to express emotions

Individuals will use sharp objects to carve into their skin (most commonly in the legs, arms, and stomach) to elicit feelings of physical pain as an unhealthy coping mechanism to relieve feelings of guilt, internal pain, shame, anxiety, and worthlessness. This physical pain induces a sense of calmness and relief and, for some, even a rush of euphoria. This instant gratification and sense of relief are quickly replaced by feelings of guilt and shame, perpetuating the vicious cycle of the urge to self-harm once again. In a sense, self-harm is similar to addiction.

This behavior can be fueled in part by drugs and alcohol, which are also unhealthy coping mechanisms to numb internal pain. As a result, a substance use disorder can go hand-in-hand with self-harm behavior.

The link between suicide and self-injury

As a parent, watching your child engage in self-harm behavior can be one of the most gut-wrenching and frustrating experiences. Most parents do not understand why their child is drawn to this behavior. Parents worry that their child can be severely harmed from their physical injuries or, even worse, take their own lives.

Although self-harm behaviors can indeed result in complications such as nerve damage and wound infections, they do not always coincide with suicidal ideation. However, research shows that individuals who engage in self-harm behavior have an increased risk of suicidal ideations and suicidal attempts in the future.

According to an article in the journal PLOS ONE, “among those with a history of NSSI, 70% have attempted suicide at least once and 55% several times. The risk of death by suicide is highest during the first six months after an NSSI episode and tends to fall later on.”

Because of the increased risk for suicide attempts within this six-month window, individuals must seek professional treatment immediately to prevent suicidal ideations. Unfortunately, most individuals who engage in self-harm behaviors are teenagers and adolescents, and access to care for these age groups is quite difficult (50% do not seek help at all, and only 20% ask for medical treatment).

(cont'd on pg.8)

So how can you, as a parent, help your teenage or adolescent child who is struggling with self-injury behaviors?

Remain calm, stay connected with your son or daughter, and offer any support you can. It is important not to judge or place any blame as this can result in unwanted harmful feelings that can lead them to continue to engage in self-harm behaviors.

Educate yourself on self-harm behaviors and get yourself and your adolescent into therapy to discuss underlying triggers and treatment strategies. Self-harm behaviors may be related to low self-esteem, borderline personality disorder, eating disorders, past trauma, poor parental attachment, emotional neglect, or abandonment. Finding the right therapist can be a trial-and-error process, and it may take meeting with a few different therapists before you can find the right “fit.” Having a strong therapeutic alliance is the highest predictor of success rates for mental health and substance use disorders.

Remember, this is not your fault. Parents tend to blame themselves for anything that goes sideways with their child. Individuals with borderline personalities are more likely to engage in self-harm behavior, and these individuals can be very manipulative when it comes to interpersonal relationships, sometimes blaming the parents for what they are going through. Self-harm behavior, whether it goes hand in hand with borderline personality disorder or develops due to other underlying triggers, is not caused by one factor. There are usually multiple underlying reasons for this type of behavior in your son or daughter.

Be patient. Treatment for self-harm behavior takes time, and underlying triggers must be treated before your son or daughter can recover. There are no medications or magic potions that can make this behavior go away, and therapy may take weeks to months before there is any improvement. The ultimate goal is for your child to find healthy coping mechanisms to deal with their internal triggers and stop engaging in self-harm behaviors; however, the immediate goal is to keep your child safe and out of harm’s way.

March is Self-Injury Awareness Month, dedicated to educating the public and raising awareness about self-harm while supporting those who are affected by it.

“Other times, I look at my scars and see something else: a girl who was trying to cope with something horrible that she should never have had to live through at all. My scars show pain and suffering, but they also show my will to survive. They’re part of my history that’ll always be there.”

—Cheryl Rainfield, Scars

Source: <https://psychologytoday.com>

About the Author

Kristen Fuller, M.D., is a physician and a clinical mental health writer for Center For Discovery.

Guest Article

Where We Are Now: More on the Culture of Fear

Posted on May 21, 2019

by Dave Pollard

Three years ago I wrote an article entitled A Culture Driven By Fear: The Psychology of Collapse that argued that while healthy cultures strive to meet their members’ essential needs and wants, and are driven and made cohesive by love, dysfunctional cultures, like our current global industrial civilization culture, are indifferent to their members’ needs and are driven by fear. This essay elaborates on that thesis.

Culture is the collective beliefs, aspirations and behaviours of a group of people (or other creatures). It is what keeps them together. Study tribal cultures, wild animal cultures, and even a few modern subcultures, and you will see little sign of coercion — they believe and want the same things, and joyfully do what is understood to be in the group’s collective interest.

Humans are of necessity a social species: We are physically quite weak and vulnerable (compared to most other creatures), and lacking much inherent self-sufficiency and autonomy (we spend a long period in the womb and another long post-natal learning period). Loners do not fare well inside or outside human cultures. We rely on each other to survive and to thrive, so it is not surprising that evolutionarily successful cultures are built on love and willing collaboration.

That collaboration is directed to meeting the collective needs of the group, which, in addition to the obvious physical needs for food, water, sleep and protection from uncomfortable weather (shelter, warmth etc) include essential emotional and psychological needs, some of which I enumerated in another recent article, drawing on the work of Johann Hari, Gabor Maté and David Foster Wallace:

1. the need to belong to and connect with a safe and engaging community, starting with attachment to one's mother in the critical first years of life
2. the need for meaning and purpose in one's life, including meaningful work
3. the need to be valued, appreciated, and heard
4. the need to be optimistic about the future for one-self and loved ones
5. the need for control and a degree of autonomy over one's life and work
6. the need to be regularly and closely in touch with the natural world
7. the need for a sense of place and home
8. the need for freedom from chronic stress (financial, physical etc.) and the time and space to recover from it (including getting adequate sleep)

While most healthy tribes' and communities' collective effort is oriented to meeting these physical and emotional needs, such cultures are also driven, at least secondarily, by certain healthy fears. I have written elsewhere that I think there are three primary fears in every human culture:

fear of suffering (our own and loved ones'), and the related fears of the unknown and potentially-traumatizing surprises;
fear of not being in control (helplessness, disability, incapacity, dependence, being trapped) and the related fears of social anxiety, lack of autonomy, lack of essential knowledge, and of "not having enough" (uncontrollable scarcities, including time); and
fear of failure and inadequacy (ridicule, incompetence, letting oneself and others down).

These fears are evolutionarily healthy because they drive behaviour which is cautious, sensitive, self-responsible, and responsible to the other members of the community.

I have written before about famous experiments with rats that show what happens to the behaviours and social cohesion of a group when they are facing extreme stress (namely, numbers vastly greater than the resources needed to feed and support them). It seems to me our modern culture is strikingly similar to the behaviour of rats placed in deliberately overcrowded and resource-starved situations. The 'alpha' rats in such situations hoard, attack, steal from and kill the others, while the subordinates cower, commit suicide, and eat their own young.

How can we account for such seemingly suboptimal behaviour, which abandons the principles of love, collective sharing and nurturing basic needs, and seems instead driven almost exclusively by the stress and fear that overpopulation and extreme scarcity can easily provoke? It presumably must have served some kind of evolutionary purpose. Perhaps it produces a quick and desperate self-limiting of numbers so that the surviving relatively healthy minority can begin again, once the balance between population and resources (both for the species and the ecosystem of which it is a part) has been restored.

If we were to witness such a tragic and violent social collapse in a laboratory, would we wish for it to play itself out quickly (to bring the violence and suffering to an end), or would we try to prolong it by throwing in a bit more cheese?

I know humanists think such comparisons are preposterous, that humans with our higher 'consciousness' and intelligence are not like rats and can develop more successful and less painful survival strategies. Unfortunately, a study of cultural history provides absolutely no evidence they are right.

I think what we are seeing now is a culture driven almost entirely by fear. In our modern anonymous cities we have lost the capacity to care for most others. Parents don't have the time to show and teach children how to meet their basic needs, especially during the crucial first few years of life. More and more of us are unable to function effectively in the workplace or the society at large.

(cont'd on pg.10)

Our modern pressure-cooker lab-rat human culture offers us none of our eight essential emotional needs. It's been my experience that our reaction when those needs aren't met is usually a combination of anger (feelings of frustration, blame, indignation, helpless rage etc), shame (feelings of humiliation, disgrace, social ostracism, failure etc), and grief (feelings of irrevocable loss and sadness), which are in many ways interrelated and self-reinforcing, and that what underlies all of these emotional reactions is fear, of one or more of the three types described above.

What I think we are seeing, and have been seeing at least since the beginning of industrial civilization, is a pattern where almost everything we seem to do is ultimately being driven by fear. That notably includes acts of war, terror, abuse and psychosis, greed and selfishness, violence, incarceration, disengagement, scapegoating, self-immolation (real and figurative), willing self-delusion, and, of course, denial. It is what drives us to vote, usually against rather than for anything. It is what drives angry, desperate, bewildered people to turn to racist, xenophobic, violent, dangerous 'leaders' who stoke and prey upon fear. It is what drives so many into depression, addiction and social dysfunction. The stress it provokes (aggravated by our poor modern western diet) underlies most of the disabling chronic diseases that are impairing our individual and collective ability to function. Stress and fear reinforce each other in an endless cycle of suffering, anxiety, illness and dysfunctional behaviour.

The media, of course, being the handmaidens of the industrialists pushing us into a more and more helpless and critical-thinking deficient "consumer" society, is playing on our fears, amping them up even higher, in order to push us to buy more to address our suffering (miracle cures, escapist entertainments), our lack of control (guns, authoritarian governments), and our sense of inadequacy (status symbols and self-help books). Brilliantly, all of these consumer products actually make us more fearful, desperate for even more and stronger fixes.

This is the very definition of a culture in collapse: Failure to meet its citizens' basic needs, exploding violence, obscene inequality, a total lack of moral integrity (especially in our business, political and legal systems), and an increasingly dysfunctional populace unable to cope physically or emotionally with what is going on.

It's interesting that, for a few centuries at the beginning of our current civilization culture at least, we did find some stopgap means of dealing with this cultural anomie, hysteria and acedia. Religious, moral and spiritual groups (and perhaps tribal rites) taught and enforced rigid standards of behaviour that, while usually authoritarian and often arbitrary, offered something to hold on to, something to provide a constant moral compass to a populace so bewildered at the pace of change and the loss of its sense of purpose that they were willing to grab on to it. This worked particularly well when there were frontiers available to offer escape from the troubling malaise of overpopulated cities. Even now, orthodox religious groups all over the world are urging a return to rigid authoritarianism and obedience to their fundamentalist leaders as the 'cure' for our cultural collapse. And techno-utopians would have us escape to imagined unpolluted, resource-rich, underpopulated new planets — new 'frontiers' — an insane, elitist dream.

In addition, one compelling modern theory holds that, in social creatures (those, like humans, whose evolutionary fitness depends on group cooperation), the chronic stress response can be mediated by "safety cues", starting with the mother's soothing voice and touch, and including laughter, high-pitched songs and expressions of joy (as opposed to threatening low-pitched growls), sympathetic attention, reassuring facial expressions, tones of voice and postures, and (in bonobos at least) brief pleasurable sexual stimulation.

So why are moral authoritarianism and safety cues no longer working to temper the dysfunctional behaviour of our collapsing culture? Perhaps because a naive and toxic mix of globalization ("when we're all the same, we'll get along"), individual entrepreneurship ("you can do anything if you work hard") and consumerism ("you are what you own") is now the world's de facto dominant religion. With its absurd cult of individuality, it preaches that our fate (health or illness, financial success or poverty, education or ignorance, fame, ignominy or incarceration) is in our own hands, when it obviously (to those not taken in by this religion) is not. You can witness its faithful adherents everywhere, even in the ghettos of Lagos and on the farms of India. You can see its failure on the shattered faces of the billions struggling and failing everywhere, in spite of everything, and blaming themselves.

(cont'd on pg.11)

And in such a desperately busy and frenetic culture, who has time to learn, to offer, or to listen to, safety cues?

And finally, the global industrial culture of the 21st century, its last, can no longer offer hope. People will endure enormous hardship with equanimity if they can believe their children and grandchildren will be spared what they suffered. Such hope is gone, now, everywhere.

This is not easy for any of us to accept, or even to fathom. We are all doing our best, and have always done so. How could it turn out so wrong? How can there be nothing we can do, no one to blame, no solace even in what future generations will be spared?

There is of course no answer to this. Our planet will survive our civilization's collapse. It's possible that a relatively small number of humans will be left in a few millennia once the dust has settled, and that they will live sustainable, joyful lives in harmony with the rest of life on earth as it has evolved by then, with their needs fully met, and fear an occasional and distant memory. We have no control over any of it. For us, knowing what is happening will have to be enough.

Perhaps, at least knowing, we will be a little less fearful, a little less stressed, a little more accepting, and a little better prepared for what we will face in the decades ahead.

Source: <https://howtosavetheworld.ca>

Couples Corner

Bi-monthly musings by

Cristin DeVine, certified Imago Relationship Therapist

The Surrender to Love

Given the right conditions, love appears to be a feeling, or a state of being, to which we surrender. Surrender, however, happens with safety. The moment the scene becomes unsafe, our habitual defense mechanisms take over and the feeling or state of surrender to love becomes more difficult to access in ourselves.

To feel a consistent and abiding sense of love in our romantic relationships, we need to feel a consistent and abiding sense of safety. The lack of emotional safety is a common theme with couples who seek counseling.

Here is the frame with which I work around restoring safety in the relationship:

Romantic relationships require intimacy – in to me see.

Intimacy requires vulnerability.

Vulnerability requires safety.

Safety implies “I will not intentionally hurt you.”

This is where the rubber hits the road. Feeling reactive and triggered is not an excuse for no longer providing safety in the relationship. Feeling reactive and triggered is a warning sign that what we MOST need is to restore the feeling of safety and security.

To be safe is to no longer shame, blame, or criticize our partner.

To be safe is to self-regulate and self-soothe sufficiently that we no longer spill our irritation or annoyance onto our partner.

I remember seeing a bumper sticker that said “don’t believe everything you think.” This has remained helpful to me in working with my own reactivity. In moments of reactivity, I know my brain is compromised. I know I am no longer seeing the whole picture. I know I need to stay quiet rather than spew the ammunition that my survival brain is pumping out regarding the negative aspects of my partner and the relationship. This ammunition is a wonderful defense when it comes to survival but not helpful when it comes to safe and loving relationships.

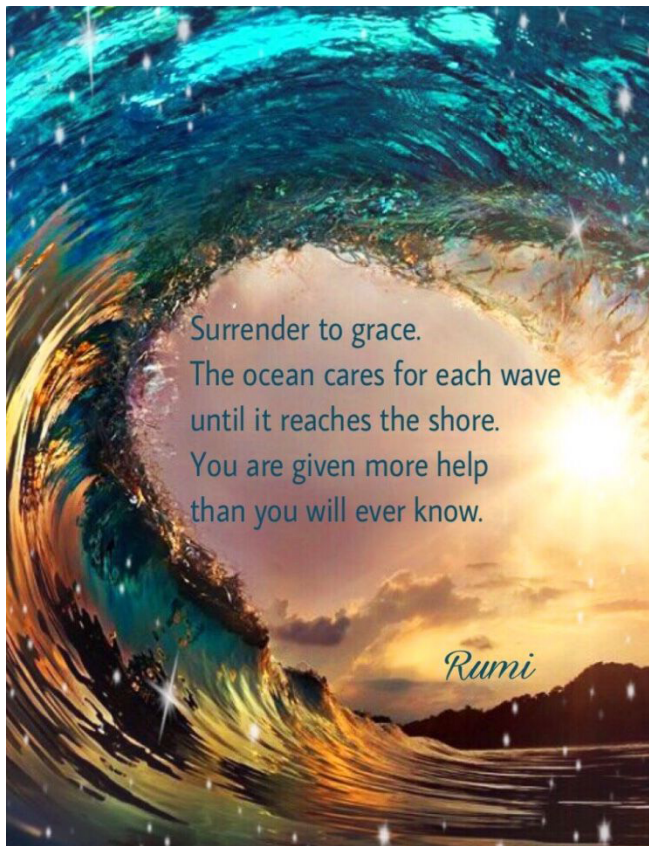
As limbic and endocrine activation increases, the relative strength of executive control from the prefrontal cortex declines. It’s like being in a car with a runaway accelerator: the driver has less control over her vehicle. Further, the prefrontal cortex is also affected by sympathetic nervous system/ hypothalamic-pituitary-adrenal axis arousal which pushes appraisals, attributions of other’s intentions, and priorities in a negative direction. (The Practical Neuroscience of Buddha’s Brain - Happiness, Love and Wisdom, Rick Hanson).

(cont’d on pg.12)

What Hanson is conveying is that when caught in a reactive state, our brain is hijacked by survival patterns (and chemicals) that compromise our ability to perceive reality clearly. This is the moment when we must remember NOT to believe everything we think and to BREATHE and self-regulate rather than say things we will regret later.

Do not ever fight your mind. You will never win. It will either beat you now, or you will suppress it and it will come back and beat you later. Instead of fighting the mind, just don't participate in it. When you see the mind telling you how to fix the world and everyone in it in order to suit yourself, just don't listen. The key is to be quiet. It's not your mind that has to be quiet. You be quiet. You, the one inside watching the neurotic mind, just relax.
(The Untethered Soul, Michael Singer)

When we learn to witness what is happening on the inside, rather than act out what is happening on the inside, we become conscious that we have the ability to remain safe, to remain loving and to remain kind regardless of how our partner might trigger us. Consistent safety allows for vulnerability which then allows us to more easily surrender to love.



Newsletter Flyers...

The flyers listed below are included in this newsletter. You can view each flyer by going to the identified page.

Gateways to Imagination in Sandplay Therapy
~NCRSS, pg. 14

Fierce Compassion : Setting Boundaries
~MBMS, pg. 15

HOMEPLACE Family of Programs
~MBMS, pgs.16-17

Re-Membering : Cultivating Sacred Conversations with the Natural World
~MBMS, pg. 18

Forest Bathing
~MBMS, pg. 19

Conscious Aging
~MBMS, pg. 20



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Contact Ross Farley @ ross@shinealight.info, or 831-313-4043 for details

Member Ads

Office Space for Sub-Let :

Office to sublease in downtown Pacific Grove from Nancy Carnathan-Cribbs.

The office is fully furnished, with a large Lobby, children's area, and small kitchen area. I'm looking for someone who would rent either full time, part time, or co-share with another therapist. For more information, please contact Nancy at 831-747-4383 or nanc50@comcast.net



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MARCH 7 & 8, 2020

GATEWAYS TO IMAGINATION IN SANDPLAY THERAPY

Judy Zappacosta, LMFT, CST-T

Ellen Searle LeBel, LMFT, BC-DMT, CST-T

Jill Kaplan, LMFT, CST-T

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Sat. March 7 9:30 – 6:30

Sun. March 8 9:30 - 3:30

Fierce Compassion: *Setting Boundaries*



March 12, 19, 26 & April 2, 2020
Thursday evenings, 5:30-7:00
529 Central Ave., Ste. 201A, Pacific Grove, CA
(Monterey Bay Meditation Studio)
\$140 (includes Practice Guide & Journal)

The heart does not have to close in order to define a limit.

Setting boundaries is often challenging ...
and it is an essential part of bringing authenticity into relationships.
For someone to trust a “yes”, there has to be trust
that a “no” will be spoken when that’s what’s true.

This course engages guided meditation, teaching, discussion and experiential practices
as we discover the strength and depth of compassion that can arise in skillfully setting boundaries.

Teacher

Marianne Rowe, MS, LMFT, is a psychotherapist, co-founder of Monterey Bay Meditation Studio,
and founder of Mindful Education Project. She has been teaching meditation since 2006
and facilitating relational trainings since 2011.

www.mariannerowe.net

Register online at www.montereybaymeditation.com





HomePlace

www.homeplacemonterey.com

Cultivate
a sense of **belonging** and **awe**
with **our living Earth**

Celebrating the
50th Anniversary of Earth Day
April 2020— April 2021



An offering from Monterey Bay Meditation Studio



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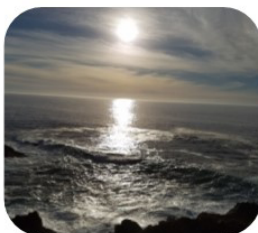
Family of Programs

inform • interconnect • inspire



Building Community

- Monthly meetings with people who share your passion for the living Earth
- Mindful meditation, relational activities, and conversations to cultivate a deeper connection with ourselves and the planet
- Subscription-based, visit website for details



Storytelling Sessions

- Monthly gatherings to hear up-close-and-personal experiences of local naturalists, scientists, artists, and individuals
- Stories of discovery, challenge, and inspiration
- Free and open to the public



Experiential Excursions

- Monthly outings that take storytelling sessions "into the field"
- Environmental education that comes alive through mindful relationship, nature meditation, and creativity
- Limited availability, fees vary, visit website for details



Service & Special Events

- Planting with Return of the Natives
- Art Show and Reception at Venture Gallery
- Nature Meditation Retreats
- Free and fee based, visit website for details

Connect

831-373-1017

marianne@montereymeditation.com

<http://www.homeplacemonterey.com>

We invite you to come home to where you are...

Re-Membering: *Cultivating Sacred Conversations with the Natural World*



Sunday, March 29 ~ 10:00 a.m. – 5:30 p.m. ~ \$180
Kayru Lodge in Palo Colorado Canyon
(directions given upon registration)

This day-long retreat invites participants to remember how to communicate with the natural world through interactive meditation and shamanic energy practices. Re-Membering refers to the experience of familiar yet new wholeness in life, acknowledging that we are in unity with all of Life.

Moving beyond simply appreciating Nature to being able to actually dialogue with the immersive community of the natural world, allows us access to relationship, guidance, and infinite wisdom. From this dialogue, there can be clarity of our own unique call to environmental advocacy that is inspired by deepened personal relationship with the natural world.

Retreat Facilitators

Jennifer Farley, MA, LPCC, BC-DMT is a dance/movement therapist, licensed professional clinical counselor and shamanic healer. She offers individual and group services through her private practice, as well as workshops, retreats and lectures nationwide. www.shamanhealingmonterey.com

Marianne Rowe, MS, LMFT is a founding teacher of Monterey Bay Meditation Studio, ANFT certified Forest Therapy Guide, and a licensed marriage and family therapist in private practice. www.mariannerowe.net

Register at montereybaymeditation.com

Advance Registration is Required. Cancellation Policy: No refunds.



Saturday, March 21, 2020

1:00 – 4:00 p.m.

Rip van Winkle Open Space, Pacific Grove, CA ~ \$25

Spending quiet, contemplative time in the forest feels, in many ways,
like coming home to a peaceful place inside the heart.
The practice of shinrin-yoku (“Forest Bathing”) is a form of guided nature meditation,
an “immersion” into the space of trees, plants and inhabitants of the forest.

In this practice, specific invitations are offered to cultivate a deep relationship with the natural world by
engaging the senses while noticing the effects of this connection on the body, heart, and spirit.
Research has shown this practice to be significantly beneficial for reducing stress, strengthening the im-
mune system, inspiring creativity, and enhancing a sense of well-being.

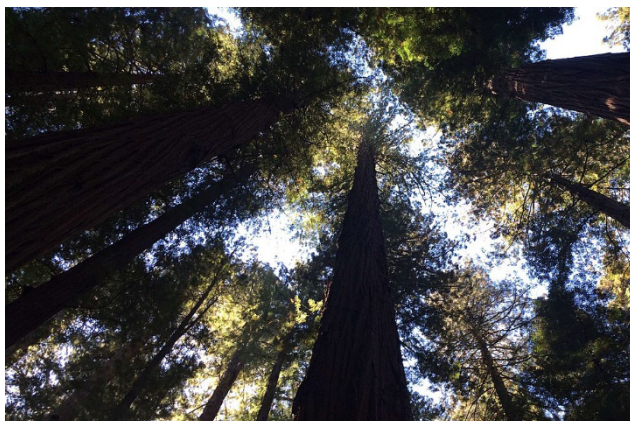
Join us for this gentle excursion into the woods to
explore and discover ourselves in relationship with the world around us.

Register at montereybaymeditation.com

Advance Registration is Required. Cancellation Policy: No Refunds.



Conscious Aging



An Exploration of Becoming an Elder

(An 8-class course researched & developed by Institute of Noetic Sciences)

March 30, April 6, 13, 20, 27, May 4, 11, & 18, 2020 ~ 1:00-3:00 pm

Monterey Bay Meditation Studio

(529 Central Ave., Ste. 201A, Pacific Grove)

\$295 (includes 120-page Conscious Aging workbook)

As we begin to experience the changes and challenges that arise in the experiences of mid- to later-life, we have the opportunity to deepen our understanding of ourselves, each other and the world around us.

Approaching the process of aging with consciousness and compassion offers the invitation to become more balanced and intentional through these life transitions.

The Conscious Aging program engages meditation, mindfulness, envisioning, collective discussion, and reflective journaling to cultivate shifts in consciousness -- away from self-limitation, lack, isolation, and fear -- towards expansiveness, inclusiveness, wholeness, and connection.

In this safe and supportive container, we bring respectful, mindful attention and dialogue to this process of becoming Elders.

Session topics: Self-compassion, Forgiveness, Life Review, Transformative Practices, Death Makes Life Possible, Surrender / Letting Go, and Creating a New Vision of Aging.

Facilitator:

Marianne Rowe is a Licensed Marriage & Family Therapist, Founder of Mindful Education Project, and a Founding Teacher of Monterey Bay Meditation Studio. As an IONS Certified Conscious Aging Facilitator, she brings over 40 years of teaching experience and over 60 years of life experience to this opportunity to cultivate consciousness and compassion as a gift of Elderhood.

Register Online at: www.montereybaymeditation.com





MC-CAMFT
P.O. Box 3092 Monterey,
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www.mccamft.org

NEWSLETTER ARTICLES AND CONTRIBUTIONS INVITED

Make sure our newsletter reflects your experience as a clinician in our chapter. Contribute to your newsletter through book reviews, opinions, CEU experience, events, clinical expertise, announcements, successes or other relevant information.

Contact Ross Farley III, newsletter editor,
ross@shinealight.info, 831-313-4043

NEWSLETTER ADVERTISING

Advertisements including classifieds and flyers must be placed prior to the advertising deadline. All ads must obtain approval by the Newsletter Editor, Advertising Chair and the MC-CAMFT Board President.

Advertisements should be submitted by email attachment as a Word document or PDF with the exact wording desired. Submission and approval for all advertisements, including payment, is due by the 12th of the month preceding publication.

NEWSLETTER DEADLINES

Newsletters are published at the beginning of the month, every other month (*February/March/April, May/June, July/August, September/October, November/December). Deadline to contribute articles and advertisements is the 15th of the month preceding the publication.

*2020 Newsletter schedule adjusted

MC-CAMFT **Mission Statement**

MC-CAMFT is dedicated to the advancement of marriage and family therapists, to the promotion of high standards of professional ethics and qualifications of its members, and to expanding the recognition and utilization of the profession in Monterey County.

MC-CAMFT is pleased to acknowledge the service of its **PAST PRESIDENTS**

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